

4109

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. (Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.)

VR A15 (4)  
30M REV. 12-68

MARYLAND STATE DEPT. OF HEALTH											
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
CERTIFICATE OF DEATH											
1. DECEASED-NAME (Type or print) First Middle Last <b>Norbert Andrew Albert</b>						2a. DATE OF DEATH Month Day Year <b>6 10 1969</b>			2b. HOUR <b>9:15 a.m.</b>		
3. SEX <b>male</b>		4. RACE <b>white</b>		5. DATE OF BIRTH <b>8-2-98</b>			6. AGE (in years last birthday) <b>70</b> YRS.		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.
7a. BIRTHPLACE (State or foreign country) <b>New York</b>		7b. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		9. COUNTY OF DEATH <b>Calvert</b> Md.					
10. CITY OR TOWN OF DEATH <b>Prince Frederick</b>			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>Calvert County Hosp.</b>			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>Photolithographer</b>			12b. KIND OF BUSINESS OR INDUSTRY <b>Printer</b>		
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>Maryland</b>			13b. COUNTY <b>Calvert</b>		13c. CITY OR TOWN <b>North Beach</b>		13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER <b>901 7th St.</b>		
14. FATHER'S NAME First Middle Last <b>Joseph Albert</b>				15. MOTHER'S MAIDEN NAME First Middle Last <b>Eva Wink</b>							
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) <b>yes</b>		(If yes give war or dates of service) <b>1942-43</b>		16b. SOCIAL SECURITY NO. <b>578-03-2132</b>		17. INFORMANT <b>Helen Curtis</b>			Address <b>North Beach, Md.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> <b>4109</b> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>Concussion</b> DUE TO, OR AS A CONSEQUENCE OF (c)										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No.		City or Town		County		State	
22a. I certify that (I) (this hospital) attended the deceased from <b>July 30, 1966</b> to <b>6-10-69</b> , that (I) (we) lost saw the deceased alive on <b>June 10, 1969</b> and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (we) (did) (did not) view the body after death.											
22b. SIGNATURE <b>Osman Z. Ersoy, M.D.</b>		DEGREE		ATTENDING PHYS. <input checked="" type="checkbox"/>		MED. DIRECTOR <input type="checkbox"/>		STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED <b>6-10-69</b>	
22d. PHYSICIAN'S NAME (Type) <b>Osman Z. Ersoy, M.D.</b>		22e. ADDRESS <b>Prince Frederick, Maryland</b>									
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 13, 1969</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Southern Memorial Gardens</b>				23d. LOCATION (City or Town) (County) (State) <b>Dunkirk Calvert Md.</b>			
24. FUNERAL DIRECTOR <b>Hutchins Funeral Home</b>		ADDRESS <b>Quinn, Md.</b>		25a. REC'D BY REGISTRAR <b>JUN 12 1969</b>		25b. REGISTRAR'S SIGNATURE <b>Charles Judge</b>					

Removal of the  
Grounds of the

Chapman

10-10-19

2509  
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.  
Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 12 hours after death.

VR A15  
30M REV.

08199										DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										08192																													
1. DECEASED-NAME (Type or print)										2a. DATE OF DEATH										2b. HOUR																													
First Middle Last FLORA T CLARK										JUNE Month 21 Day 69 Year										7 30 P. M.																													
3. SEX Female										4. RACE White										5. DATE OF BIRTH 4-6-20										6. AGE (In years last birthday) 79 YRS.										IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.									
7a. BIRTHPLACE (State or foreign country) VA.										7b. CITIZEN OF WHAT COUNTRY? U.S.A.										8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>										9. COUNTY OF DEATH CALVERT COUNTY, Md.																			
10. CITY OR TOWN OF DEATH PRINCE FREDERICK										11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) CALVERT HOUSE, INC.										12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) HOUSE WIFE										12b. KIND OF BUSINESS OR INDUSTRY																			
13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) STATE MD.										13b. COUNTY CALVERT										13c. CITY OR TOWN OWINGS										13d. INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>										13e. STREET AND NUMBER Rt 4 Box 180									
14. FATHER'S NAME First Middle Last Jefferson Rector										15. MOTHER'S MAIDEN NAME First Middle Last Flore T King										16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown No										16b. SOCIAL SECURITY NO. 577 0991178										17. INFORMANT Thomas E. Clark Husband Same as above									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>C.V.A. Myper-</u> <u>2509</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Tension</u> DUE TO, OR AS A CONSEQUENCE OF (c) <u>Diabetes</u>										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH																																							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)																																																	
19a. DATE OF OPERATION -										19b. CONDITION FOR WHICH OPERATION WAS PERFORMED -										20a. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?																			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)										21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19										21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)																													
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>										21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)										21f. LOCATION Street or R.F.D. No. City or Town County State																													
22a. I certify that (I) (this hospital) attended the deceased from <u>5-19-69</u> , 19 <u>69</u> , to <u>6-21</u> , 19 <u>69</u> , that (I) (we) last saw the deceased alive on <u>5-18-69</u> , 19 <u>69</u> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.																																																	
22b. SIGNATURE <u>Damalouji</u>										22c. DATE SIGNED										22d. PHYSICIAN'S NAME (Type) DAMALOUJI										22e. ADDRESS PRINCE FREDERICK MD.																			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial										23b. DATE 6/24/1969										23c. NAME OF CEMETERY OR CREMATORY St. Ann's Cemetery										23d. LOCATION (City or Town) (County) (State) Calmar Prince George's Md.																			
24. FUNERAL DIRECTOR Valley's Funeral Home										ADDRESS Mt. Rainier Md.										25a. REC'D BY REGISTRAR JUN 26 1969										25b. REGISTRAR'S SIGNATURE Thomas E. Clark																			

28120

FOR STATE  
HEALTH DEPT.

08200

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08193

1. DECEASED-NAME (Type or Print)			First Middle Last			2a. DATE KNOWN OF ESTI- DEATH MATED <input checked="" type="checkbox"/> Month Day Year			2b. HOUR M					
JEROME			W.			GANIT			19			M		
3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS HOURS MIN		2c. DATE PRONOUNCED DEAD Month Day Year			2d. HOUR P.M.			
male	negro	Sept. 8-49	19 YRS.					June 19, 19 69			11:40 P.M.			
7a. BIRTHPLACE (State or foreign country)			7b. CITIZEN OF WHAT COUNTRY?			8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH			Md		
Maryland			U.S.A.						Calvert					
10. CITY OR TOWN OF DEATH			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)						12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)			12b. KIND OF BUSINESS OR INDUSTRY		
Prince Frederick			Calvert County Hospital											
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE			13b. COUNTY			13c. CITY OR TOWN			13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			13e. STREET AND NUMBER		
Maryland			Calvert			Prince Frederick			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			Prince Frederick, Maryland		
14. FATHER'S NAME			15. MOTHER'S MAIDEN NAME			First Middle Last			First Middle Last					
Cephas			Gantt			Helen			Skinner					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> or unknown)			16b. SOCIAL SECURITY NO.			17. INFORMANT			ADDRESS					
						Cephas Gantt			Prince Fred. Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot Wound of Head</u> <u>965X</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. } (b) DUE TO, OR AS A CONSEQUENCE OF (c)											APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (c)														
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21b. TIME OF INJURY Month, Day, Year HOUR <u>11:10</u> AM <u>6/19/19</u> 69			21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <u>Subj. shot during altercation</u>								
21d. INJURY OCCURRED WHILE <input type="checkbox"/> AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK			21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <u>tavern</u>			21f. LOCATION Street or R.F.D. No. City or Town County State <u>Prince Frederick, Calvert, Maryland</u>								
22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion death resulted from: Natural causes <input type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input checked="" type="checkbox"/> , Undetermined manner <input type="checkbox"/>														
ACTUAL SIGNATURE			Werner U. Spitz, M.D.						22b. DATE SIGNED 6/20/69					
EXAMINER'S NAME (Type)			Werner U. Spitz, M.D.						ADDRESS (Street, city, town, or county)					
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE			23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City or Town) (County) (State)					
			6-23-69			Brooks Ch.Cem.			Mutual Co. Md.					
24. FUNERAL DIRECTOR						ADDRESS			25a. REC'D BY REGISTRAR DATE		25b. REGISTRAR'S SIGNATURE			
Linkney E. Sewell						Prince Fred. Md.			JUN 24 1969		Charles Judge			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.



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08201

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08194

1. DECEASED-NAME (Type or print) <i>First</i> <i>Belk</i> <i>Middle</i> <i>B.</i> <i>Last</i> <i>Goldstein</i>			2a. DATE OF DEATH Month <i>6</i> Day <i>15</i> Year <i>1969</i>		2b. HOUR <i>4:45 PM</i>
3. SEX <b>FEMALE</b>		4. RACE <b>WHITE</b>		5. DATE OF BIRTH <b>DECEMBER 7, 1884</b>	
6. AGE (In years last birthday) <b>84</b> YRS.		IF UNDER 1 YEAR MONTHS <i>0</i> DAYS <i>0</i>		IF UNDER 24 HRS. HOURS <i>0</i> MIN. <i>0</i>	
7a. BIRTHPLACE (State or foreign country) <b>RUSSIA</b>		7b. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	
9. COUNTY OF DEATH <b>CALVERT</b> Md.					
10. CITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>CALVERT COUNTY HOSPITAL</b>		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>HOUSEWIFE</b>	
12b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>					
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>MARYLAND</b>		13b. COUNTY <b>CALVERT</b>		13c. CITY OR TOWN <b>PR. FREDERICK</b>	
13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		13e. STREET AND NUMBER			
14. FATHER'S NAME <i>First</i> <i>Middle</i> <i>Last</i> <b>UNKNOWN</b>			15. MOTHER'S MAIDEN NAME <i>First</i> <i>Middle</i> <i>Last</i> <b>UNKNOWN</b>		
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or (unknown) <b>NO</b>		16b. SOCIAL SECURITY NO.		17. INFORMANT Address <b>MR. HERBERT GOLDSTEIN, CENTREVILLE, MARYLAND</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ventricular Fibrillation</i> DUE TO, OR AS A CONSEQUENCE OF (b) <i>Coronary Occlusion</i> DUE TO, OR AS A CONSEQUENCE OF (c) <i>arterio Sclerotic C.V. Disease</i> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. <i>4109</i>					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <i>5 minutes</i> <i>April 20, 69</i>
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) <i>Respiratory Distress 1960</i>					
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. <i>19</i>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f. LOCATION Street or R.F.D. No. City or Town County State	
22a. I certify that (I) (this hospital) attended the deceased from <i>4/27</i> , 19 <i>68</i> , to <i>June 15</i> , 19 <i>69</i> , that (I) (we) last saw the deceased alive on <i>June 15</i> , 19 <i>69</i> , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.					
22b. SIGNATURE <i>Page C. Jett</i>		DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22c. DATE SIGNED <i>6/15/69</i>	
22d. PHYSICIAN'S NAME (Type) <b>PAGE C. JETT M.D.</b>		22e. ADDRESS <b>Prince Frederick, Md.</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>6-17-69</b>		23c. NAME OF CEMETERY OR CREMATORY <b>BETH TFILOH</b>	
23d. LOCATION (City or Town) (County) (State) <b>BALTIMORE, MARYLAND</b>					
24. FUNERAL DIRECTOR <b>SOL LEVINSON &amp; BROS., 6010 REISTERSTOWN ROAD</b>		ADDRESS		25a. REC'D BY REGISTRAR <b>JUN 19 1969</b>	
				25b. REGISTRAR'S SIGNATURE <i>John A. Judge</i>	

STATE OF TEXAS

IN THE DISTRICT COURT OF THE COUNTY OF DALLAS, TEXAS

VS.

THE STATE OF TEXAS

PLAINTIFF

VS.

THE STATE OF TEXAS

THE STATE OF TEXAS

THE STATE OF TEXAS

THE STATE OF TEXAS



FOR STATE  
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. Any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 10-103, page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

08202

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08195

1. DECEASED-NAME (Type or Print)		First <b>LARRY</b>	Middle <b>JEFFERY</b>	Last <b>JOHNSON</b>	2a. DATE KNOWN OF DEATH MATED <input checked="" type="checkbox"/> <b>June 1</b> 19 <b>69</b>		2b. HOUR <b>1:50</b>
3. SEX <b>M</b>	4. RACE <b>NEGRO</b>	5. DATE OF BIRTH <b>6-2-1951</b>		6. AGE (In years last birthday) <b>17</b> YRS.	IF UNDER 1 YEAR MONTHS <b>0</b> DAYS <b>0</b>	IF UNDER 24 HRS. HOURS <b>0</b> MIN <b>0</b>	2c. DATE PRONOUNCED DEAD Month <b>June</b> Day <b>1</b> Year <b>1969</b>
7a. BIRTHPLACE (State or foreign country) <b>U.S.A.</b>		7b. CITIZEN OF WHAT COUNTRY? <b>USA</b>		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <b>CALVERT</b>	
10. CITY OR TOWN OF DEATH <b>LUSBY</b>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) <b>CALVERT COUNTY HOSP</b>			12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>Scholar</b>		12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>Md.</b>		13b. COUNTY <b>CALVERT</b>		13c. CITY OR TOWN <b>LUSBY</b>		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	13e. STREET AND NUMBER
14. FATHER'S NAME First <b>WILBERT</b> Middle <b>DENT</b> Last <b>DENT</b>		15. MOTHER'S MAIDEN NAME First <b>ANNE</b> Middle <b>DENT</b> Last <b>DENT</b>					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16b. SOCIAL SECURITY NO. (If yes give war or dates of service) <b>213-56-5401</b>		17. INFORMANT <b>POLICE</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>9100</b> DUE TO, OR AS A CONSEQUENCE OF <b>DROWNING</b> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <b>9100</b> DUE TO, OR AS A CONSEQUENCE OF <b>DROWNING</b> (c) <b>9100</b>							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. TIME OF INJURY Month, Day, Year <b>3</b> HOUR A.M. <b>6-1-</b> P.M. <b>1969</b>		21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) <b>dROWNED WHILE SWIMMING</b>			
21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) <b>RIVER</b>		21f. LOCATION Street or R.F.D. No. City or Town <b>SOLOMONS AREA</b>		County State	
22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>							
ACTUAL SIGNATURE <b>ISSAM F. EL-DAMALOUJI</b>		EXAMINER'S NAME (Type) <b>ISSAM F. EL-DAMALOUJI M.D.</b>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		22b. DATE SIGNED <b>6-1-1969</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>6-4-69</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. John Ch. Cem</b>		23d. LOCATION (City or Town) (County) (State) <b>Lusby Calvert Md</b>	
24. FUNERAL DIRECTOR <b>Anthony E. Smith</b>				ADDRESS <b>Prince Frederick Md.</b>		25a. REC'D BY REGISTRAR DATE <b>JUN 5 1969</b>	
				25b. REGISTRAR'S SIGNATURE <b>Charles Judge</b>			

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Figure 1 is a line graph showing the percentage of total energy expenditure (TEE) for different activities over a 24-hour period. The Y-axis is 'Percentage of TEE' (0-100) and the X-axis is 'Time of Day' (0-24). The activities and their approximate percentages are:

Time of Day	Sleeping	Resting	Walking	Standing	Sitting	Eating
0	40	10	10	10	10	10
4	50	10	10	10	10	10
8	40	10	10	10	10	10
12	30	10	10	10	10	10
16	30	10	10	10	10	10
20	40	10	10	10	10	10
24	40	10	10	10	10	10

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doi:10.1017/S096382370000422

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
CERTIFICATE OF DEATH											
1. DECEASED-NAME (Type or print)		First	Middle	Last	2a. DATE OF DEATH			2b. HOUR			
FLORENCE		IRENE	LOWE	Month 6 Day 22 Year 69			9:10 A M				
3 SEX	4. RACE		5. DATE OF BIRTH		6 AGE (in years last birthday)		7 UNDER 1 YEAR		8 UNDER 24 HRS		
Female	White		7-24-09		59 YRS.		MONTHS DAYS HOURS MIN.				
7a BIRTHPLACE (State or foreign country)		7b. CITIZEN OF WHAT COUNTRY?		8. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH					
Ohio		U.S.				Calvert				Md.	
10 CITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)		12b KIND OF BUSINESS OR INDUSTRY					
Prince Frederick		Calvert County		None		Housewife					
13a USJA. RESIDENCE (Where deceased lived, if institution Residence before admission) STATE		13b COUNTY		13c CITY OR TOWN		13d INSIDE CITY LIMITS?		13e STREET AND NUMBER			
Md.		Calvert		Prince Frederick		<input type="checkbox"/>					
14 FATHER'S NAME		15 MOTHER'S MAIDEN NAME									
First Middle Last		First Middle Last									
Alvie		Fullerton		Helen							
16a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown		16b SOCIAL SECURITY NO.		17 INFORMANT		Address					
No		None		Earl W. Jenkins		Prince Fred.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))											
PART I. DEATH WAS CAUSED BY:											
IMMEDIATE CAUSE (a) <u>Carcinomatous</u>											
DUE TO, OR AS A CONSEQUENCE OF <u>Cancer of stomach</u>											
(b) <u>Cancer of stomach</u>											
DUE TO, OR AS A CONSEQUENCE OF											
(c)											
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)											
MEDICAL CERTIFICATION											
19a. DATE OF OPERATION		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED		20a AUTOPSY?		20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b TIME OF INJURY		21c HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18)							
		HOUR A.M. Month Day Year P.M. 19									
21d. INJURY OCCURRED		21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)		21f LOCATED ON		Street or R.F.D. No		City or Town		County State	
While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>											
22a. I certify that (I) (this hospital) attended the deceased from 2/10, 1969, to 6/22, 1969, that (I) (we) last saw the deceased alive on 6/22, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.											
22b SIGNATURE		DEGREE		ATTENDING PHYS <input checked="" type="checkbox"/> MED DIRECTOR <input type="checkbox"/> STAFF PHYS <input type="checkbox"/>		22c DATE SIGNED					
DR. GEORGE J. WEEMS						6/22/69					
22d PHYSICIAN'S NAME (Type)		22e ADDRESS									
		Huntingtown, Md.									
23a BURIAL, CREMATION, REMOVAL (Specify)		23b DATE		23c NAME OF CEMETERY OR CREMATORY		23d LOCATION (City or Town)		(County)		(State)	
Burial		June 24, 1969		Bennett Cemetery		Thinford				Ohio	
24. FUNERAL DIRECTOR		ADDRESS		25a REC'D BY REGISTRAR		25b REGISTRAR'S SIGNATURE					
A.A. Harkness		Haw, Fort Republic, Md.		JUN 24 1969		James Judge					



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2, and 3 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR 115  
30M REV 1-68

08204										DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										08197									
1 DECEASED NAME (Type or print)										2a DATE OF DEATH										2b. HOUR									
George Constantine Pappas										Month 6 Day 13 Year 69										6:00 PM									
3. SEX male										4. RACE white										5. DATE OF BIRTH 1-23-95									
7a BIRTHPLACE (State or foreign country) Greece										7b. CITIZEN OF WHAT COUNTRY? U.S.A.										8 MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>									
9. COUNTY OF DEATH Calvert										12a USUAL OCCUPATION (Kind of work done during most of working life, even if retired) Retired Manager Hotel Calvert										12b. KIND OF BUSINESS OR INDUSTRY									
10 CITY OR TOWN OF DEATH Prince Frederick										11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hosp.										12c. STREET AND NUMBER									
13a USUAL RES. DENCE (Where deceased lived, if institution: Res. dence before admission) STATE Maryland										13b COUNTY Calvert										13c CITY OR TOWN St. Leonard									
14 FATHER'S NAME First Middle Last Constantine Pappas										15 MOTHER'S MAIDEN NAME First Middle Last Frossy Chilla																			
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no										16b. SOCIAL SECURITY NO. 138-03-1344										17. INFORMANT Anna Pappas									
18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))										18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))										APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH									
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 583X										DUE TO, OR AS A CONSEQUENCE OF (b) Bright's disease																			
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last										DUE TO, OR AS A CONSEQUENCE OF (c) Uremia																			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)																													
19a. DATE OF OPERATION										19b. CONDITION FOR WHICH OPERATION WAS PERFORMED										20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>									
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)										21b. TIME OF INJURY HOUR A.M. Month Day Year 19 69										21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)									
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>										21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) OFFICE BUILDING, ETC										21f. LOCATION Street or R.F.D. No City or Town County State									
22a. I certify that (I) (this hospital) attended the deceased from June 13, 1969, to June 13, 1969, that (I) (we) lost saw the deceased alive on June 13, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death																													
22b. SIGNATURE Roberto de Villarreal										22c. DATE SIGNED 6/13/69																			
22d. PHYSICIAN'S NAME (Type) Roberto de Villarreal, M.D.										22e. ADDRESS St. Leonard, Maryland																			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial										23b. DATE June 16, 1969										23c. NAME OF CEMETERY OR CREMATORY Calvert Catholic Cemetery									
24. FUNERAL DIRECTOR G.A. Haskins										25a. REC'D BY REGISTRAR										25b. REGISTRAR'S SIGNATURE									
										DATE JUN 17 1968																			





**DEPUTY MEDICAL EXAMINER:** This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form M-1. Page 5 may be retained for your files.

**TO FUNERAL DIRECTOR:** Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## 08198

1. DECEASED NAME (Type or Print) <b>Ernest Gibson Troth</b>		First		Middle <b>(Gibson)</b>		Last <b>Troth</b>		2a. DATE KNOWN OF DEATH		Month <b>6</b> Day <b>24</b> Year <b>1969</b>		2b. HOUR <b>8P</b>			
3. SEX <b>M</b>		4. RACE <b>W</b>		5. DATE OF BIRTH <b>5/9/95</b>		6. AGE (In years and day) <b>74</b> YRS		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN		2c. DATE PRONOUNCED DEAD Month <b>6</b> Day <b>24</b> Year <b>69</b>		2d. HOUR <b>8P</b>	
7a. BIRTHPLACE (State or foreign country) <b>MD</b>		7b. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. COUNTY OF DEATH <b>Calvert</b>								Md	
10. CITY OR TOWN OF DEATH <b>Huntingtown</b>		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)		12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) <b>Farmer</b>		12b. KIND OF BUSINESS OR INDUSTRY									
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE <b>MD</b>		13b. COUNTY <b>Calvert</b>		13c. CITY OR TOWN <b>Huntingtown</b>		13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		13e. STREET AND NUMBER							
14. FATHER'S NAME First <b>Leroy</b> Middle <b>Troth</b> Last <b>Troth</b>		15. MOTHER'S MAIDEN NAME First <b>Elizabeth</b> Middle <b>Harrison</b> Last <b>Harrison</b>													
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or If Army, Navy, Air Force, etc.)		16b. SOCIAL SECURITY NO. <b>318-14-2002</b>		17. INFORMANT <b>Ms. E. G. Troth</b>		ADDRESS <b>Huntingtown, Md</b>									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cancer</b>															
7824 DUE TO, OR AS A CONSEQUENCE OF (b)															
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last															
DUE TO, OR AS A CONSEQUENCE OF (c)															
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)															
<b>Found dead in yard</b>															
19a. DATE OF OPERATION				19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. <b>19</b>				21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)							
21d. INJURY OCCURRED WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>				21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.)				21f. LOCATION Street or R.F.D. No. City or Town County State							
22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>															
ACTUAL SIGNATURE <b>H. W. Ward</b>				CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				22b. DATE SIGNED <b>6/24/69</b>							
EXAMINER'S NAME (Type) <b>H. W. WARD</b>				ADDRESS (Street, city, town, or county) <b>Owings, Md</b>											
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>				23b. DATE <b>June 27, 1969</b>				23c. NAME OF CEMETERY OR CREMATORY <b>Miranda Memorial</b>							
24. FUNERAL DIRECTOR <b>Hutchins</b>				ADDRESS <b>Funeral Home Owings, Md</b>				25a. REC'D BY REGISTRAR <b>JUN 27 1969</b>							
								25b. REGISTRAR'S SIGNATURE <b>Charles Judge</b>							

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH																	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201																	
CERTIFICATE OF DEATH																	
08206																	
08199																	
1. DECEASED-NAME (Type or print)			First Thomas			Middle Joseph			Last Wiley, Sr.			2a. DATE OF DEATH Month 6 Day 25 Year 69			2b. HOUR 10:40am		
3. SEX male			4. RACE white			5. DATE OF BIRTH 10-14-86			6. AGE (In years last birthday) 82 YRS.			IF UNDER 1 YEAR MONTHS DAYS HOURS MIN.			IF UNDER 24 HRS. HOURS MIN.		
7a. BIRTHPLACE (State or foreign country) Virginia			7b. CITIZEN OF WHAT COUNTRY? U.S.A.			8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. COUNTY OF DEATH Calvert Md.								
10. CITY OR TOWN OF DEATH Prince Frederick			11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Calvert County Hosp.			12a. USUAL OCCUPATION (Kind of work done during most of working life even if retired.) Retired			12b. KIND OF BUSINESS OR INDUSTRY Mechanist								
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland			13b. COUNTY Calvert			13c. CITY OR TOWN Prince Frederick			13d. INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			13e. STREET AND NUMBER					
14. FATHER'S NAME First Robert			Middle J			Last Wiley			15. MOTHER'S MAIDEN NAME First Laura			Middle Last					
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown no			(If yes give war or dates of service)			16b. SOCIAL SECURITY NO. 223-10-2427			17. INFORMANT Ruth L. Tucker			Address Prince Frederick, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Heart Disease</u> <u>4123</u> DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) _____ DUE TO, OR AS A CONSEQUENCE OF (c) _____												APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)																	
19a. DATE OF OPERATION			19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)			21b. TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			21c. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part 2, Item 18.)											
21d. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work at work			21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.)			21f. LOCATION Street or R.F.D. No. City or Town County State											
22a. I certify that (I) (this hospital) attended the deceased from <u>May 10</u> , 19 <u>69</u> , to <u>June 25</u> , 19 <u>69</u> , that (I) (we) lost saw the deceased alive on <u>June 25</u> , 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.																	
22b. SIGNATURE <u>Issam F. el Damalouji</u>			DEGREE M.D.			ATTENDING PHYS. <input checked="" type="checkbox"/>			MED. DIRECTOR <input type="checkbox"/>			STAFF PHYS. <input type="checkbox"/>			22c. DATE SIGNED 6-25-69		
22d. PHYSICIAN'S NAME (Type)			Issam F. el Damalouji, M.D.			22e. ADDRESS Prince Frederick, Maryland											
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE June 27, 1969			23c. NAME OF CEMETERY OR CREMATORY Southdown Memorial Park			23d. LOCATION (City or Town) (County) (State) Baltimore Calvert Md.								
24. FUNERAL DIRECTOR A. Q. Anderson			Address Fox Port Republic, Md.			25a. REC'D BY REGISTRAR DATE JUN 27 1969			25b. REGISTRAR'S SIGNATURE [Signature]								

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